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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000021750 (2)**

1. Corporation Name

HORIZON DISTRIBUTION COMPANY

Principal Place of Business

**8998 S.E. STAR ISLAND WAY
HOBE SOUND FL 33455**

Mailing Address

**8998 S.E. STAR ISLAND WAY
HOBE SOUND FL 33455-3128**



3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTENS, FRANK A JR
8998 S.E. STAR ISLAND WAY
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PC**

1.2 NAME

STREET ADDRESS **MARTENS, FRANK A SR**

1.3 STREET ADDRESS

CITY- ST- ZIP **HCR #1**

1.4 CITY- ST- ZIP

MT POCONO PA

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD**

2.2 NAME

STREET ADDRESS **PETERSON, FRED**

2.3 STREET ADDRESS

CITY- ST- ZIP **30630 SE QUANSET CIRCLE**

2.4 CITY- ST- ZIP

STEUART FL

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TSD**

3.2 NAME

STREET ADDRESS **MARTENS, IRENE**

3.3 STREET ADDRESS

CITY- ST- ZIP **HCR #1**

3.4 CITY- ST- ZIP

MT POCONO PA

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

561-546,725

Daytime Phone #

0326685

CR2E034 (9/96)